

520

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

2475

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

987

7 DEATH 9 IDENTENCE	1. PLACE OF DEATH A. COUNTY Maricopa		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Phoenix	C. LENGTH OF STAY IN THIS PLACE IN ARIZONA 1 1/2 Yrs. 1 1/2 Yrs.	C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) Phoenix	
2 1 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100	D. FULL NAME OF HOSPITAL OR INSTITUTION 35 E. Indianola		D. STREET ADDRESS 35 E. Indianola	
	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) Alfarrata B. (MIDDLE) C. (LAST) Adams		4. SEX Fe	
6. MARRIED NEVER MARRIED WIDOWED DIVORCED		7. DATE OF BIRTH MONTH DAY YEAR Dec. 5 1853	8. AGE YEARS MONTHS DAYS 95 5 7	9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). Housewife
9B. KIND OF BUSINESS OR INDUSTRY Home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maine	11. CITIZEN OF WHAT COUNTRY? U.S. A.	12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) No
14A. FATHER'S NAME Aaron Bowdoin		14B. BIRTHPLACE (STATE OR COUNTRY) Maine	15A. MOTHER'S MAIDEN NAME Shuah Johnson	13. SOCIAL SECURITY NO. None
16. INFORMANT'S SIGNATURE Robert N. Tracy		ADDRESS Phoenix, Arizona		15B. BIRTHPLACE (STATE OR COUNTRY) Maine
18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). (c) THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRIBUTED.		MEDICAL CERTIFICATION DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis, cerebral ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH Years
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		21C. (CITY OR TOWN) (COUNTY) (STATE)
21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 24 Jan. 1949 TO 5:45 P. M. 1949. THAT I LAST SAW THE DECEASED ALIVE ON 24 Jan. 1949. AND THAT DEATH OCCURRED AT 5:45 P. M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.				
23A. SIGNATURE Robert N. Tracy M.D.		23B. ADDRESS Phoenix, Arizona		23C. DATE SIGNED May 13, 1949
24A. BURIAL <input type="checkbox"/> CREMATION <input checked="" type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE May 16, 1949		24C. NAME OF CEMETERY OR CREMATORY Limerick, Maine
25A. DATE REC'D BY LOCAL REG. MAY 13 1949		25B. REGISTRAR'S SIGNATURE M. K. S. S. S.		25C. FUNERAL DIRECTOR'S SIGNATURE A. L. MOORE & SONS PHOENIX, ARIZONA